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**Volunteer Application**

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| --- | --- |
| Contact Information | |
|  | |
| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Availability | |
| During which hours are you available for volunteer assignments? | |
|  | | |
| \_\_\_ Weekday mornings 9-12 |
| \_\_\_ Weekday afternoons 1-5  \_\_\_ Weekends  \_\_\_ Evening  \_\_\_ Other |

How many hours a week would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Interests | | |
| How did you hear about The Women’s Collective?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tell us in which areas you are interested in volunteering: | | |
|  | |
| \_\_\_ Prevention & outreach to the DC community | |
| \_\_\_ Care & support for women living with HIV//AIDS | |
| \_\_\_ General office work |
| \_\_\_ Fundraising/ Resource mobilization |
| \_\_\_ Grants | | |
| \_\_\_ Newsletter production  \_\_\_ Other | | |

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| --- |
| Previous Volunteer Experience |
| Summarize your previous volunteer experience.   |  | | --- | |  | |

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| Special Skills or Qualifications |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
|  |
| |  |  | | --- | --- | |  |  | |

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| --- |
| Transportation |

|  |  |  |
| --- | --- | --- |
| Do you have your own means of transportation? | Yes | No |
| Do you have a valid driver’s license? | Yes | No |
| Are you willing to drive? | Yes | No |

|  |  |
| --- | --- |
| Person to Notify in Case of Emergency | |
|  | |
| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| --- |
| Our Policy |
| It is the policy of The Women’s Collective organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  **Submit your completed form and resume via email (**[**info@womenscollective.org**](mailto:info@womenscollective.org)**) or fax (202.483.7330).** *Thank you for completing this application form and for your interest in volunteering with us*. |

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womenscollective.org